

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

HousingAuthority oftheCountyof JoDavie

**NOTE:THISPHAPLANSTEMP LATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Housing Authority of the County of Jo Daviess

PHANumber: IL082

PHA Fiscal Year Beginning:(mm/yyyy) 10/2002

PHA Plan Contact Information:

Name: Randy Keleher, Executive Director

Phone: (815)777 -0858

TDD: NA

Email(if available): JDCHA@galenalink.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

AnnualPHAPlan
FiscalYear20 02
[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	4
6. Other Information :	5
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	8
Attachments	
<input checked="" type="checkbox"/> Attachment <u>A</u> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment <u> </u> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment <u> </u> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment <u>E</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>F</u> : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment <u> </u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment D: Capital Fund Program FY2001 P&E Report	
Attachment G: Deconcentration and Income Mixing	
Attachment H: Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments	

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

This Section is left blank since it is optional.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

We have made numerous changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandate dallof these.

- **We have updated our Public housing Admissions and Continued Occupancy Policy and Section 8 Administrative Plan to provide the following preferences:**

A. Victims of Domestic Violence

B. Applicants with an adult family member who either lives or works or has been hired to work in the jurisdiction of the Jo Daviess County Housing Authority. This preference is also extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.

C. All other applicants who do not meet the definitions in the other preference categories.

- **Implemented Community Service Requirements:**

The Housing Authority has suspended enforcement of the 8 -hour community service requirement. The Housing Authority will not enforce this provision of our Admissions and Continued Occupancy Policy so long as Congress provides for the option to not enforce it. In taking this action, we still want to encourage our public housing residents to both participate in their community and enhance their self -sufficiency skills in a truly voluntary manner.

All affected residents have been notified of the suspension of the requirements.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$142,126**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component .

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 -Year Action Plan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply)

<input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program -NA

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

The PHDEP has been eliminated as a special program and absorbed into the Operating Fund.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment N/A

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
 - ☐ Yes ☐ No: below or
 - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Illinois)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

- The Housing Authority of the County of Jo Daviess will continue to maintain and renovate its public housing units.
- The Housing Authority of the County of Jo Daviess will continue to market its public housing program and Section 8 Program to make families and elderly persons aware of the availability of decent, safe, sanitary and affordable housing in Jo Daviess County.
- The Housing Authority of the County of Jo Daviess will continue to apply its limited resources to the effective and efficient management and operation of public housing and Section 8 programs.
- The Housing Authority of the County of Jo Daviess will continue to provide accessible housing in the public housing program to persons with disabilities.

☒ Other: (list below)

- The Housing Authority of the County of Jo Daviess Admission and Continued Occupancy Policy (ACOP) requirements are established and designed to:

:

- To provide improved living conditions for very low and low income families while maintaining their rent payments at an affordable level.
- To operate as a socially and financially sound public housing agency that provides decent, safe, and sanitary housing within a drug free, suitable living environment for tenants and their families.
- To lawfully deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to Housing Authority employees.
- To attempt to house an entire family in each development that is composed of families with a broad range of incomes and rent-paying abilities that are representative of the range of incomes of low-income families in the Housing Authority's jurisdiction.
- To facilitate the judicious and efficient management of the Housing Authority inventory and staff.
- To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

- We have similar principles for our Section 8 program:
 - To assist the local economy by increasing the occupancy rate and the amount of money flowing into the community.
 - To create positive public awareness and expand the level of family, owner, and community support in accomplishing our mission.
 - To attain and maintain a high level of standards and professionalism in our day-to-day management of all program components.
 - To administer an efficient, high performing agency through continuous improvement of our support systems and commitment to our employees and their development.
 - To provide decent, safe, and sanitary housing for very low income families while maintaining their rent payments at an affordable level.
 - To ensure that all units meet Housing Quality Standards and families pay fair and reasonable rents.
 - To promote fair housing and the opportunity for very low income families of all ethnic backgrounds to experience freedom of housing choice.
 - To promote a housing program which maintains quality service and integrity while providing an incentive to private property owners to rent to very low income families.
 - To promote a market driven housing program that will help qualified low income families be successful in obtaining affordable housing and increase the supply of housing choices for such families.

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State Consolidated Plan Action Plan identifies the following State Priorities:

A. Affordable Housing

-

The provision of affordable housing for low and very low -income households in the State is a major priority. Specific actions required to address the affordable housing need include the preservation and rehabilitation of existing housing stock and homebuyer assistance as well as other actions.

B. Supportive Housing for the Homeless

The provision of supportive housing is a priority in the State's Consolidated Plan. In addition to programs to address supportive housing for the homeless, the State will address programs to meet the needs of the population at risk of being homeless.

C. Supportive Housing for Persons With Special Needs

The State has identified an increasing need for programs for the elderly and persons with disabilities and for housing that is integrated in and typical of local communities. This priority includes addressing the needs for persons with alcohol and substance abuse problems and the need for drug -free affordable housing.

The Action Plan addresses the following activities will be maintained by the State regarding Public Housing Resident Initiatives:

- Resource Guide updates on PHA homeownership programs.
- NOFA distribution to statewide housing organizations and advocacy groups on federal and state -funded resident management and homeownership programs, as is available.
- Limited application review via the Consolidated Plan Certification of Consistency process for applicable programs.
- Participation of interested groups, including PHA tenant representatives, on the OHCS Advisory Committee.

The Action Plan addresses the need for changes to be made by the State with regard to welfare reform and housing. The State is joining forces with other State agencies, nonprofit organizations and PHAs to address the needs of low -income residents moving from welfare to work.

In summary, the Illinois State Consolidated Plan strategies are consistent with and support the goals and objectives of the Housing Authority of the County of Jo Daviess.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standard of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines

when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

the Annual Plan to full public hearing

A. Substantial Deviation from the 5 -year Plan:

A substantial deviation from the 5 -year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5 -year plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Result of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Result of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Result of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 - 52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Implementation of Community Service Requirements Substantial Deviation Definition Voluntary Conversion Documentation Deconcentration/Income Mixing Documentation	(specify as needed) ACOP Annual Plan Annual Plan ACOP/Annual Plan

AttachmentB

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the County of Jo Daviess		Grant Type and Number Capital Fund Program Grant No: IL06P08250102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,500			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	113,626			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	14,000			
21	Amount of Annual Grant: (sum of lines 2 – 20)	142,126			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the County of Jo Daviess		Grant Type and Number Capital Fund Program Grant No: IL06P08250102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: HousingAuthorityoftheCountyofJoDavie		GrantTypeandNumber Capital FundProgramGrantNo: IL06P08250102 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWide	ManagementImprovements	1408						
	StaffTraining		LumpSum	2,500				
	SubtotalAcct1408			2,500				
HAWide	FeesandCosts	1430						
	A&EFees;reimbursablecosts		LumpSum	12,000				
	SubtotalAcct1430			12,000				
	DwellingStructures	1460						
IL082-1	BaderHousestructuralimprovements		LumpSum	44,032				
	GearViewHgtsSiding		16units	29,000				
	PublicrestroomsaccessibleatFranklin McCoyManor			6,000				
IL082-2	SidingatElizabethDevelopment		15units	34,594				
	SubtotalAcct1460			113,626				
HAWide	Contingency	1502						
	Reservetocovercostshortfalls		LumpSum	14,000				
	SubtotalAcct1502			14,000				
	GrandTotal			142,126				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

AttachmentC

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHAName:HousingAuthority ofJoDaviessCounty				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStateme ntforYear2 FFYGrant:2003 PHAFY:10/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:10/01/04	WorkStatementforYear4 FFYGrant:2005 PHAFY:10/01/05	WorkStatementforYear5 FFYGrant:2006 PHAFY:10/01/06
	Annual Statement				
HA-Wide		50,000	17,000	13,000	142,126
82-1Galena		56,100	109,526	129,126	0
82-2Elizabeth		0	4,200	0	0
82-3Hanover		0	7,200	0	0
82-4Warren		36,026	4,200	0	0
CFPFundsListed for5 -yearplanning		142,126	142,126	142,126	142,126
Replacement HousingFactor Funds					

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear: <u>2</u> FFYGrant:2003 PHAFY:10/01/03			ActivitiesforYear: <u>3</u> FFYGrant:2004 PHAFY:10/01/04		
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
	HA-Wide	Mgt.Improvements (1408)		HA-Wide	Mgt.Improvements (1408)	
See		Training	2,500		Training	3,000
		ComputerReserve	4,500		ComputerReserve	10,000
		FeesandCosts(1430)			NDEquipment(1475)	
An		A&EFee sand reimbursablecosts	4,500		MaintenanceEquipment	4,000
nual		NDEquipment(1475)			SubtotalHAWide	17,000
Statement		MaintVehicle	33,000	IL082-1Galena	DwellingStructures (1460)	
		ContingencyReserve	5,500		BoilerSystemReserve	98,606
		SubtotalHAWide	50,000		DwellingEquipment (1465)	
		SiteImprovements (1450)			Replaceappliances	10,920
	IL082-1Galena	RampsFranklinMcCoy	16,500		SubtotalIL082 -1	109,526
		DwellingStructures (1460)		IL082-2Elizabeth	DwellingEquipment (1465)	
		2Unit sUFAS	39,600		Replaceappliances	4,200
		SubtotalIL082 -1	56,100		SubtotalIL082 -2	4,200
		DwellingStructures (1460)		IL082-3Hanover	DwellingEquipment (1465)	
	IL082-4Warren	SidingMeridianManor	36,026		Replaceappliances	7,200
		SubtotalIL082 -4	36,026		SubtotalIL082 -3	7,200
				IL082-4Warren	DwellingEquipment (1465)	

				Replaceappliances	4,200
				SubtotalIL082 -4	4,200
TotalCFPEstimatedCost			142,126		142,126

CapitalFundProgramFive -YearActionPlan
PartII:Support ingPages —WorkActivities

ActivitiesforYear:___ 4___ FFYGrant:2005 PHAFY:10/01/05			ActivitiesforYear:___ 5___ FFYGrant:2006 PHAFY:10/01/06		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
HA-Wide	Mgt.Improvements (1408)		HA-Wide	ReplacementReserve (1490)	
	Training	3,000		Reserveforasyet unplanned/unscheduled workitems	142,126
	ComputerReserve	10,000		SubtotalHAWide	142,126
	Subtotal HAWide	13,000			
IL082-1Galena	DwellingStructures (1460)				
	Boiler/Chiller	40,000			
	RoofReplacement	62,594			
	EmergencyGenerator	26,532			
	SubtotalIL082 -1	129,126			
TotalCFPEstimatedCost		142,126			142,126

AttachmentD

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the County of Jo Daviess		Grant Type and Number Capital Fund Program Grant No: IL06P08250101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	9,000	9,000	0	0
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,000	14,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	86,594	0	0	0
10	1460 Dwelling Structures	14,500	58,078.08		
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	0	25,954		
13	1475 Non dwelling Equipment	31,500	42,523.92	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	0	6,406		
21	Amount of Annual Grant: (sum of lines 2 – 20)	155,954	155,954	0	0
22	Amount of line 21 Related to LBP Activities	14,000	14,000	0	0
23	Amount of line 21 Related to Section 504 compliance	5,000	0		
24	Amount of line 21 Related to Security — Soft Costs				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the County of Jo Daviess		Grant Type and Number Capital Fund Program Grant No: IL06P08250101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs	15,000	42,522.92	0	0
26	Amount of Line 21 Related to Energy Conservation Measures	7,500	0		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Housing Authority of the County of Jo Daviess		Grant Type and Number Capital Fund Program Grant No: IL06P08250101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	<u>Management Improvements</u>	1408						Planning
	Vacancy Plan		Lump Sum	6,500	5,000	0	0	
	Training		Lump Sum	2,500	4,000	0	0	
	Subtotal 1408			9,000	9,000	0	0	
HA-Wide	<u>Fees and Costs</u>	1430						Planning
	Lead Based Paint Testing & Abatement		Lump Sum	14,000	2,000	0	0	
	A & E Fees			00	12,000			
	Subtotal 1430			14,000	14,000	0	0	
HA-Wide	<u>Site Improvements</u>	1450						Planning
	Concrete Work			29,934	00	0	0	
	Asphalt Resurfacing			26,660	00			
82-1 Galena	Site Improvements		39 units site	30,000	00			
	Subtotal 1450			86,594	00	0	0	
	<u>Dwelling Structures</u>	1460						Planning

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Housing Authority of the County of Jo Daviess		Grant Type and Number Capital Fund Program Grant No: IL06P08250101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
82-1 Galena	Convert Bathroom to Storage		1 unit	2,000	0	0	0	
82-1 Galena	Public Restrooms Accessible		39 unit Bldg	5,000	0	0	0	
82-2 Elizabeth	Add insulation		15 units	7,500	0	0	0	
82-1 Galena	Siding, roofing, and windows			00	58,071.08	0	0	
	Subtotal 1460			14,500	58,071.08	0	0	
HA Wide	<u>Non Dwelling Structures</u>	1470						
	Convert Bader House garage to maintenance shop and storage			00	25,594	0	0	Planning
	Subtotal 1470			00	25,594	0	0	
	<u>Non Dwelling Equipment</u>	1475						Planning
HA Wide	Computer System Reserve			10,000	00			
HA Wide	Maintenance Equipment			6,500	00			
82-1 Galena	Install Security Equipment			15,000	42,522.92	0	0	
	Subtotal 1475			31,500	42,522.92	0	0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: HousingAuthorityoftheCountyofJoDavie		GrantTypeandNumber CapitalFundProgramGrantNo: IL06P08250101 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorW ork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWide	Contingency	1502						Planning
	Reservetocovercostshortfalls			00	6.406	0	0	
	Subtotal1502			00	6.406	0	0	
	GrandTotal			155,594	155,594	0	0	

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]

Attachment E

Required Attachment: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board members elected: (select one)?

- ☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 06/15/02

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Jo Daviess County Board of Commissioners

Chairperson Merry Berlage

AttachmentF

Required Attachment: Membership of the Resident Advisory Board or Boards

- i. List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Jeanette Campbell
400 Menominee Street
East Dubuque, IL 61025

Georgiann Wasmund
4255 W. Blanding Rd
Hanover, IL 61041

Wilma Sinagra
341 Franklin St. Apt. 207
Galena, IL 61036

Lee O'Brien
341 Franklin St., Apt 305
Galena, IL 61036

Harold Young
341 Franklin St., Apt 205
Galena, IL 61036

AttachmentG

Component3,(6)DeconcentrationAndIncomeMixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

AttachmentH

Voluntary Conversion Of Developments From Public Housing Stock; Required Initial Assessments

In accordance with HUD Regulations published in the Federal Register on June 22, 2001, all public housing developments must be assessed unless they meet certain exemptions.

The Housing Authority of the County of Jo Daviess owns and operates five (5) public housing developments. Two developments are located in the City of Galena. The other three developments are located in the cities of Hanover, Elisabeth and Warren.

Notice PIH 2001 -26 requires that all PHAs must address the following questions about their Required Initial Assessments and include the information as required attachment to the PHA Plan.

a. How many of the PHA's developments are subject to the Required Initial Assessments?

One: Galena: general occupancy development located on one site

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

Four: Galena: Elderly and/or disabled development
Elisabeth: Elderly and/or disabled development
Warren: Elderly and/or disabled development
Hanover: Elderly and/or disabled development

In accordance with 24 CFR Part 972.200(a)(4), the above Housing Authority of the County of Jo Daviess public housing developments are exempt because they are designated for occupancy by the elderly and/or persons with disabilities.

c. How many Assessments were conducted for the PHA's covered developments? One

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	None